

For the [ ] calendar year 2014 or [ ] fiscal year beginning [M, M, D, D] 2, 0, 1, 4 and ending [M, M, D, D] 2, 0, Y, Y.

Business Telephone Number (with area code) Name Business Activity Code (from federal Form 1120-S) Address - number and street or PO Box City, Town or Post Office State ZIP Code CHECK ONE: [ ] Original [ ] Amended Employer Identification Number (EIN)

- [68] Check box if: [ ] This is a first return [ ] Name change [ ] Address change A ARIZONA apportionment for multistate S corporations only (check one box): [ ] AIR Carrier [ ] STANDARD [ ] ENHANCED B [ ] Check this box to elect to be treated as a multistate service provider... C Is this the S corporation's final Arizona return... D Does the S corporation conduct business within and without Arizona? E Will a composite return be filed on Form 140NR? F Total number of nonresident individual shareholders G Total number of resident and part-year resident individual shareholders H Total number of entity shareholders I [ ] NMMD Registry Identification Number

CHECK BOX IF return filed under extension: [82] 82F [ ] REVENUE USE ONLY. DO NOT MARK IN THIS AREA. [88] [81] PM [66] RCVD

Table with 30 rows for tax calculations. Line 1: TOTAL DISTRIBUTIVE INCOME (LOSS) from federal Form 1120-S, Schedule K. Lines 2-12: Excess net passive income, Capital gains/built-in gains, Total federal income subject to corporate income tax, Nonapportionable or allocable income, Apportionable income, Arizona apportionment ratio, Income apportioned to Arizona, Other income allocated to Arizona, Total income attributable to Arizona, Net income subject to Arizona corporate income tax, Enter tax, Tax from recapture of tax credits, Subtotal, Nonrefundable tax credits, Credit type, Tax liability, Refundable tax credits, Extension payment, Estimated tax payments, Total payments, Balance of tax due, Overpayment of tax, Penalty and interest, Estimated tax underpayment penalty, Information return penalty, TOTAL DUE, OVERPAYMENT, Amount of line 28 to be applied to 2015 estimated tax, Amount to be refunded.



Name (as shown on page 1)	EIN
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**SCHEDULE C Shareholder Information**

Prepare a schedule that lists each shareholder's name, address, taxpayer identification number, and pro rata share of the amount shown on line 1. Label the listing as "Schedule C: Shareholder Information" and include the schedule immediately after page 3 of Form 120S.

<b>Declaration</b>	The following declaration must be signed by one or more of the following officers: president, treasurer, or any other principal officer.		
	Under penalties of perjury, I(we), the undersigned officer(s) authorized to sign this return, declare that I(we) have examined this return, including the accompanying schedules and statements, and to the best of my(our) knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.		
<b>Please Sign Here</b>	_____ OFFICER'S SIGNATURE	_____ DATE	_____ TITLE
	_____ OFFICER'S SIGNATURE	_____ DATE	_____ TITLE
<b>Paid Preparer's Use Only</b>	_____ PAID PREPARER'S SIGNATURE	_____ DATE	_____ PAID PREPARER'S PTIN
	_____ FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)		_____ FIRM'S <input type="checkbox"/> EIN OR <input type="checkbox"/> SSN
	_____ FIRM'S STREET ADDRESS		_____ FIRM'S TELEPHONE NUMBER
	_____ CITY	_____ STATE	_____ ZIP CODE

**Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix, AZ 85038-9079**